

STATEMENT OF NO LOSSES

Date: _____

To: _____
(Name of Insurance Company)

c/o Dalena/Benik & Associates (Agent)
Fax: 559-448-9579

TO WHOM IT MAY CONCERN:

I CERTIFY THAT I AM NOT AWARE OF ANY LOSSES, ACCIDENTS OR CIRCUMSTANCES THAT MIGHT GIVE RISE TO A CLAIM UNDER THE INSURANCE POLICY WHOSE NUMBER IS SHOWN BELOW FROM 12:01AM ON _____ TO _____.
(Cancellation Date) (Date and Time Signed)

Named Insured: _____

Policy Number: _____

Ins. Company: _____

Insured's Signature

Title